1 EXZES CONC	S Commission	P.O. Box 12070	Austin, Texas 78711-207	<u> </u>	(512)463-5800	1-800-325-6
CA DE	NDIDATE SIGNATIO	/ OFFICEH DN OF FINA	IOLDER REP AL REPORT	OIL CE	ĀHIGAJO ER KORM C/C)H - FR
The I	nstruction Guid	le explains how t	o complete this form.	01 JUN 25 A	<u> </u>	
1 C/OH	implete only if	Report Type" on	page 1 is marked "Fi	nal Report"		
		GONZ	rakez		2 ACCOUNT #(B)	Ves Commission Rerej
l do r a rep contr	not expect any furthe ort as a final repo ibutions or make an	er political contributions rt terminates my camp y campaign expenditur	or political expenditures in co paign treasurer appointment. es without a campaign treasu	onnection with my candid I also understand that arer appointment on file.	tacy. I understand the	at designating Iny campaign
		1		Signature of	Candidate / Office	helder
FILER	WHO IS NOT	AN OFFICEHOLI	DER Indidate			
A.	CAMPAIGN FU	NDS				
Chec	k only one:					•
	I do not have unex	mended contributions of	or unexpended interest or inco	ome earned from political	i contributions	
	I have unexpended convert unexpende also understand the or unexpended into understand that i	d contributions or unexp ad political contributions at I must file an annual erest or income earned must dispose of unexp	sended interest or income earns or unexpended interest or in report of unexpended contributions for on political contributions for pended political contributions rements of Election Code, § 2	ned from political contribu ncome earned on politics rutions and that I may no nger than six years after	utions. I understand the contributions to pen it retain unexpended of	sonal use. I contributions
В.	ASSETS					
Check	enly one:					
	l do not retain asse	its purchased with polit	ical contributions or interest o	or other income from poli	tical contributions.	
		and that I must dispose	contributions or interest or other collical contributions or interes of assets purchased with pol			
		,		//what	Fro Candidate	
	HOLDER ete this section o	only if you are an offic	ceholder ••	<u>-</u>		2. 7
	am aware that I ren	nein subject to filing requ	uirements applicable to an offic	wholder who does not hen	ve a cempaign treasun	er on file.
	• .					
				Signatur	re of Officeholder	

Texas Ethics Commission	n P.O. Box 12070 Auslin, Texas 78.		(512)463-5800 1-800-325-8
CANDIDA	TE/OFFICEHOLDER ON FINANCE REPORT	CITY OF SAM ANTE CITY CLERK 01 JUN 25 AM IN:	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission flers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MR Richard	MI	- OFFICE USE ONLY
	MR Richard NICHAME LAST GONZAL	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE # CIT	Y: STATE: 718 COOK	
Change of Address	OKC OK 73		Date Hand-delivered or Date Postmerked
TREASURER NAME	TITLE FIRST	MI	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	A: CITY: STATE:	ZP C006
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	-
8 REPORTTYPE	January 15 30th day before election July 15 8th day before election	Runoff	15th day after compaign treasurer appointment (officeholder only)
PERIOD COVERED	Month Day Year	Exceeded \$500 Simit Month Day	Final report (Allach C/OH - FR) Year
10 ELECTION	ELECTION DATE SI EMPONITORIS		
	Month Day Year ELECTION TYPE	☐ Runof ☐ o	ineral Special
M OFFICE	OFFICE HILD (F any)	12 OFFICE SOUGHT (Filmoun)	
OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures are required to disclose this information only it.	ures made by others without the candid if they receive notification of the direct o	ste's prior consent or approval. ampaign expanditure. «
BYOTHER	Mante	_	
additional pages	Address / PO Bos: Apt. / Sulte St. Clty; State; Zip Co	ode	
	GO TO PA	GE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPOR	A TOTAL	LS	COVER SHEET PG 2
14 C/OH NAME			15 ACCOUNT # (Minister Commission Rens)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for n may have been mad this information only	otics of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	date / officeholder. These expenditures use and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
	•	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE	1		
ACTIVITY		no reportable activity occurred during this reporting period. (Sign efidavit belo	w and submit pages 1 and 2 only.)
** CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN IS, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
OUTSTANDING LOAN TOTALS	5. TOTAL P	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
19 AFFIDAVIT			
	•	I sweer, or affirm, under penalty of per is true and correct and includes all info me under Title 15, Election Code.	
	•	Parshart 9	may
		Signature of Caragas	is or Ornicariolder #
AFFIX NOTARY STAMP	SEAL ABOVE		
Sworn to and subscribe of, 20		be said <u>Kichard</u> <u>Gon Zales</u> , by which, witness my hand and seal of office.	this the <u>20</u> day
1 hm	. L 00-	Disable Of the Asset of Office.	,00
Signature of officer som	inletering ceth	Printed-name of officer administering oath Title of	PSLONCH MY

L. KECETYEL

CORRECTION AFFIDAVIT

FORM COR-C/OH

UITY OF SAM AND	FOR				
	01 APR 27 PH 3: 26 CANDIDATE/OFFICEHOLDER				
See backside for instru	uctions 2				
ACCOUNT#	Total pages filed:				
CANDIDATE /	TITLE FIRST MI		CE USE ONLY		
OFFICEHOLDER NAME	NICKNAME CONTALES SUFFIX	Date Received			
4 ORIGINAL REPORT TYPE	January 15 Runoff Other (specify)	Date Hand 1 11	red or Date Postmarked		
ON TIPE	July 15 Exceeded \$500 limit 30th day before election 15th day after treasurer		Devis Lostwatked		
	appointment (officeholder only) 8th day before election Final report	Receipt #	Amount		
5 ORIGINAL	Month Day Year Month Day Year	Legal	Totals		
PERIOD COVERED	4/6/01 THROUGH 4/27/01	Date Processed			
		Date Imaged			
EXPLANATION OF CORRECTION	Exceeded \$ 500 00 in Expenses				
7 AFFIDAVIT	I swear, or affirm, under per				
**************************************	report is true and correct and promptly after learning of the	that I am filing terror(s) in the ori	this corrected report ginal report. I swear,		
MININA LA PA	or affirm, under penalty of per reporting requirement when	gury, that I did n filed the original	ot intend to violate a al report.		
	- Takel N				
AFFEX NOTARY	MP / SEAL ABOVE Signature of Ci	andidate or Officehol	der		
AFFIX NOTARY STATE OF	Signature of Co	igh //.			
Sworn to and subscript	bed beginning me by	day of	ref, 20 0/,		
to certify which, witne	ss my hand and seal of office.	"			
		· 1	2		
150 Ter	Holms HA Lee Helms	X ps	ary		
Signature of officer administering	Printed name of officer administering datty Title	of officer administer	ing oath		
Remer	mber To Attach Any Part Of The Campaign Financ	e Report Fo	orm		
<i>t</i> ·	Needed To Report And Explain Corrections				

(512)463-5800

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

A filer who submits a corrected report after the filing deadline for the report is subject to a late fine if there was a material error in the original report. Nonetheless, the Ethics Commission will not impose a late fine on a filer who submits a corrected report (other than one correcting a report due 8 days before an election) if the filer completes this form and signs the "good-faith" affidavit.

CORRECTED REPORT DOES NOT EXCUSE A FINE FOR A LATE "8-DAY" REPORT.

Completing this form does not allow you to avoid a late fine in connection with a report due 8 days before an election. The fine for a late "8-day" report is \$100 for each day the report is late (up to a maximum \$10,000 fine). The Ethics Commission must consider each request for a waiver of a fine for a late "8-day" report individually.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Account #. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you an account number. number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- 5. Original Period Covered. Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- 6. Explanation of Correction. Attach any pages of the campaign finance report form that have changed and clearly indicate what information has changed. Explain why there was an error on the original report. (Use additional pages if you need more space.)
- 7. Affidavit. Read the affidavit before signing. You must sign the affidavit in the presence of an individual authorized to take oaths. If signed before a notary public, the affidavit must include the notary's signature and seal.

(Revised 05/11/2000) Printed on recycled paper

CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:

ZIP CODE

4 LOOP St. SAN ANTONIO, TX. 78212

CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

8 REPORTTYPE

(210)

January 15

737-2012

15th day after campaign treasurer appointment (officeholder only)

8th day before election

30th day before election

Exceeded \$500 limit

Final report (Attach C/OH - FR)

9 PERIOD COVERED

4/6/01

THROUGH

4 /27/01

10 ELECTION

ELECTION DATE

ELECTION TYPE Primary

Runoff

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL DIST. 1

13 NOTICE OF DIRECT **CAMPAIGN EXPENDITURE** BY OTHER **INDIVIDUALS**

additional pages

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

Address / PO Box; Apt. / Suite #; City;

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH **SUPPORT & TOTALS** COVER SHEET PG 2 14 C/OH NAME 15 ACCOUNT,#(Ethics Commission filers) RICHARD GON ZALES 16 NOTICE · This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures **FROM** may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report **POLITICAL** this information only if they receive notice of such expenditures. .. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 NO REPORTABLE Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) **ACTIVITY** 18 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **TOTALS** Samon 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 560,94 **EXPENDITURE** 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **TOTALS** \$ 4. TOTAL POLITICAL EXPENDITURES 913,93 OUTSTANDING 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD \$ AFFIX NOTAN STAMA / OBAMANOVE 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by MELECTION Code. Signature of Candidate or Officeholder to and subscribed before me, by the said _ certify which, withess my hand and Printed na administering oath Title of officer a d on recycled paper

Texas Ethics Cor	nmission P.O. Box 12070 Austir	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				
The Instruction	N GUIDE explains how to complete this form.	1711	क्रि: Potal pages this	Schedule A1:
2 FILER NAME	HARD GONIZALES		3 ACCOUNT # (Et	thics Commission filers)
4 Date 4/15/01	5 Full name of contributor Out-of-state PAC (ID#:_ MICAECA T. ELI (MICKIE 6 Contributor address; City; State; Zip Code 596 MAVERMAN PD, S.A.	ES RESTAURANT)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation (Optional)	10 Employer (Options	al)	1
Date 4/11/01	Full name of contributor out-of-state PAC (ID#:_ M.K. DAVIS RESTAURANT Contributor address; City; State; Zip Code 1302 N. FUOLES S. A. TX	78212	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	al)	
Date 4/23/01	Full name of contributor Out-of-state PAC (ID#:_AUTO WHIGHS TOWING Contributor address; City; State; Zip Code 1157 CULBBRA S.A.TX	. 19,201	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optiona	ai)	
1/21/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	nl)	
1/26 01	Full name of contributor out-of-state PAC (ID#:_RICHARD SCIARRAFFA Contributor address; City; State; Zip Code P.O. BOX 52 BOERNE, T	X. 75804	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation (Optional)	Employer (Optiona	n)	
lf contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			ng requirements.

P.O. Box 12070

PLEDGI	ED CONTRIBUTIONS	CITY OF SAM CITY OL	(FOR FORMS C/OH,	SCHEDULE B1, sc-c/oh, sc-spac, & spac)
The Instructi	юн Guide explains how to complete this form.	OTATR27 FA	13: Total pages this	Schedule B1:
2 FILER NAM	1E		3 ACCOUNT # (Et	hics Commission filers)
4 TO1	TAL OF UNITEMIZED PLEDGES: ⇔	D D D	\$ \$	\$
5 Date	6 Full name of pledgorout-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Coo	de		
10 Principal occu	ipation (optional)	11 Employer (optional	al)	: L,
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of	In-kind description
	Pledgor address; City; State; Zip Coo	de	pledge (\$)	(if applicable)
Principal occu	pation (optional)	Employer (optiona	ul)	
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occur	pation (optional)	Employer (optiona	<u> </u>	
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Cod	le	 	
Principal occup	pation (optional)	Employer (optional	<u> </u>	AF
Date	Full name of pledgorout-of-state PAC (ID#:)	Amount of	In-kind description
	Pledgor address; City; State; Zip Cod		pledge_(\$) 	(if applicable)
Principal occup	L pation (optional)	Employer (optional	1)	
If cont	ATTACH ADDITIONAL COPIE ributor is out-of-state PAC, please see inst			na requirements.

Texas Ethics Cor		n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
POLITIC	CAL CONTRIBUTIONS OF THAN PLEDGES OR LOAN	S yva, Alyan	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruction	N Guide explains how to complete this form.	R27 PH 3:26	1 Total pages this	Schedule A1:
2 FILERNAME RICHA	E ARD GONZALES		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor □ out-of-state PAC (IDIK_ MARLO MONTOYA		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
729101	MARLO MONTOYA 6 Contributor address; City; State; Zip Gode 104 BEAVRECARD S.A. TO	× 78204	140.24	MUNGIA PRINTINH
9 Principal occup	pation (Optional)	10 Employer (Option		
Date	Full name of contributor out-of-state PAC (IDIt:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor out-of-state PAC (IDIt		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occup	ation (Optional)	Employer (Options	i)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	etion (Optional)	Employer (Optional	0	
Date	Full name of contributor Qui-of-state PAC (IDIt: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation (Optional)	Employer (Optional	i)	
If contrib	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	· · · · · · · · · · · · · · · · · ·		ng requirements.

Texas Etnics C	ommission P.O. Box	12070 Aust	n, Texas 78711-207	<u>'0</u> (512) 4	63-5800 1-800-325-850
PLEDG	ED CONTRIBUTION		WK27 Du	, ()	SCHEDULE B1 sc-c/oh, sc-spac, a spac)
The INSTRUCT	non Guine explains how to compl	ete this form.	111 g:	₹6Total pages this	Schedule B1:
2 FILER NAM	AE .			3 ACCOUNT # (Etf	nics Commission filers)
тот	TAL OF UNITEMIZED PL	EDGES: ⇔	\$ \$ \$	0 0	\$
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	r riodydi address,	äty; State; Zip Code			
() Principal occu	pation (optional)		11 Employer (options	J)	
Date		out-of-state PAC (IDII:	/	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation (optional)	1/2	Employer (options))	
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Principal occup	Dation (optional)	/-	Employer (optional)	
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Principal occup	petion (optional)		Employer (optional)		
Date]out-of-easte PAC (IDIR		Amount of pledge (\$)	In-kind description (if applicable)
Principal occup	ation (optional)		Employer (optional)		
if contri	ATTACH ADI	DITIONAL COPIES please see instru	S OF THIS FORM AS	NEEDED ditional reportin	g requirements.

Те	xas Ethics Commis	ssion P.O. Box 12070	Austin. Te	exas 78711-2070	(512) 4	63-5800 1-800-325-850 0
	LOANS		CHY 6	Parker Parker		SCHEDULE E
F			77.50	27 FH 3: 26	1 Total pages Scho	edule E:
	The Instruction Gui	DE explains how to complete t	this form.	0		
2	FILER NAME				3 ACCOUNT # (Et	hics Commission filers)
4	ТОТА	L OF UNITEMIZED LC	ANS:	\$	\$	\$
5	Date of loan	7 Name of lender		out-of-state PAC (ID#:)	9 Loan Amount (\$)
6	is lender a financial Institution?	8 Lender address; City;	State:	Zip Code		10 Interest rate
	Y N					11 Maturity date
12	2 Description of Collate	eral		/		
	none					
1:	GUARANTOR INFORMATION	14 Name of guarantor		H		16 Amount Guaranteed (\$)
	not applicable	15 Guarantor address; City;	State;	Zip Code		
17	7 Principal Occupation			18 Employer		
	Date of loan	Name of lender	<i>3</i>	Out-of-state PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; / City;	State;	Zip Code		Interest rate
	Y N					Maturity date
	Description of Collate	eral				
	none					
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	not applicable	Guarantor address; City;	State;	Zip Code		
	Principal Occupation	<u></u>		Employer	<u>-</u>	: '

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITI		ITY DECEIVED SITY (首套) 全His	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form. $oldsymbol{U}$	TAPR 27 FH 3: 27	otal pages Schedule F:
2 FILER NAM	E	3 A	CCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
	6 Payee address; City, State; Zip Code		
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
Date	Payee name		Amount (\$)
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	Payee address; City; State; Zip Code	<u> </u>	- · · · · :
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Purpose of expenditure (See instructions regarding type of information required.)

WALL LISTS

Reimbursement from political contributions intended

The Instruct	пом Guide explains how to complete this form.	APR 27 PH 3: 217 Total pages Schedule	e H:
FILER NAM	ИE	3 ACCOUNT # (Ethics C	Commission filers)
Date	5 Business name	7	Amount (\$)
	6 Business address; City; State; Zip Code		
Purpose of pa required.)	ayment (See instructions regarding type of information	9 Complete if direct expenditure to be Candidate / Officeholder name Office	enefit C/OH •• sought Office held
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code		(6)
Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct expenditure to be Candidate / Officeholder name Office	nefit C/OH sought Office hel
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code		
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditure to be Candidate / Officeholder name Office	nefit C/OH Sought Office held
Date	Business name		Amount (\$)
	Business address; City; State; Zip Code		: '
rurpose of pay	ment (See instructions regarding type of information	•• Complete if direct expenditure to ber Candidate / Officeholder name Office	

The Instruction Guese explains how to complete this form. 2 FILER NAME PLAARD GON ZALE S 4 Date 5 Payee name CHRIS, MARRIES 6 Payee address; City, State: Zip Code STAFF DINNER Date Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code CHRIS AND COMPANIAN Date Payee name ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address; City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR Payee address: City: State: Zip Code ADVANTAGE FANAL AR PAYEE FANAL AR PAYEE FANAL AR PAY		ICAL EXPENDITURES FROM PERSONAL FUNDS	(512) 463-5800 1-800-325-850 (17) AM ED SCHEDULE G
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	Date	Payee name	

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Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement from political contributions intended

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2 FILER NAM	ME		3 ACCOUNT # (Et	nics Commission filers)
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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506

		NDIDATE / OFFICEHOLDER REPORT: 10 of SIGNATION OF FINAL REPORT	FORM C/OH - FR
		estruction Guide explains how to complete this form. In the propert of the prope	?7 PH 3:27
1	C/OH N		2 ACCOUNT #(Ethics Commission filers)
3	SIGNA	ATURE	
	a rep	not expect any further political contributions or political expenditures in connection with my ort as a final report terminates my campaign treasurer appointment. I also understar butions or make any campaign expenditures without a campaign treasurer appointment or	nd that I may not accept any campaign
		Signat	ure of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are a candidate ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from p	political contributions.
		I have unexpended contributions or unexpended interest or income earned from political convert unexpended political contributions or unexpended interest or income earned on also understand that I must file an annual report of unexpended contributions and that I or unexpended interest or income earned on political contributions longer than six year understand that I must dispose of unexpended political contributions and unexpended contributions in accordance with the requirements of Election Code, § 254.204.	political contributions to personal use. I may not retain unexpended contributions is after filing this final report. Further, I
	В.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other income fr	om political contributions.
		I do retain assets purchased with political contributions or interest or other income from promay not convert assets purchased with political contributions or interest or other incomuse. I also understand that I must dispose of assets purchased with political contribution Election Code, § 254.204.	e from political contributions to personal
			Signature of Candidate
5		EHOLDER plete this section <i>only</i> if you are an officeholder	
		I am aware that I remain subject to filing requirements applicable to an officeholder who does	s not have a campaign treasurer on file.
			Signature of Officeholder

Printed on recycled paper Revised 05/11/2000

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•	TE/OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	ом Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST		OFFICE USE ONLY
	NICKNAME TICKNAME CONTAINS	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	4 LOOP St. SAM	Antonio, TX, 78212	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST MR. RICHARD NICKNAME LAST	MI ~	Receipt # Amount
	Gonzales	SUFFIX	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	SAN ARTONIO, TX.	78212
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (10) 737-2012 0	STENSION STENSION	
8 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROU	JGH 4/5	Year / 0
10 ELECTION	Month Day S Year Day Primary		General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If known	1 District 1
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exper Candidates are required to disclose this information of		
BY OTHER INDIVIDUALS	Name	غ	
additional pages	Address / PO Box; Apt. / Suite #; City; State; Z	ip Code	
	GO TO F	PAGE 2	

Texas Ethics Co	ommission P.O. Box 12070 Austi	n, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	CITY (15 ALTY) S Off (16)	(FÖR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruct	ON GUIDE explains how to complete this form.	01 APR -5 17	1; Tiptal pages this	Schedule A1:
2 FILER NAM	Rel Gonzales		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_ RICHARD CONTURES 6 Contributor address; City; State; Zip Code P.O.B. 52 ROPERNS		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occ	upation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Options	ıl)	
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Principal occu	pation (Optional)	Employer (Optiona	1)	
If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ng requirements.

lexas Etnics Commi	SSION P.O. Box 12070	Austin, Te	exas 78711-2070	(512) 4	63-5800 1-800-325-850
LOANS		74.5			SCHEDULE E
			JAN 1 2 2 2 2 1 1 1 1		
			292-5 Fil 4:41		
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2 FILER NAME				3 ACCOUNT # (E	thics Commission filers)
					,
4 TOTA	AL OF UNITEMIZED LO	ANS:	\$ \$ \$ \$	\$	\$
5 Date of loan	7 Name of lender		out-of-state PAC (ID#:	/	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State;	Zip Code	· · · · · · · · · · · · · · · · · · ·	10 Interest rate
Y N					11 Maturity date
12 Description of Collate	eral				L
none			3		
13 GUARANTOR INFORMATION	14 Name of guarantor		./		16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City;	State;	Zip Code		
17 Principal Occupation			18 Employer		
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2 FILER NAMI	ELARO GONZALES	3 ACCOUNT # (Et	Ethics Commission filers)	
			8 Amount	
	6 Payee address; City; State; Zip Code		8 Amount (\$)	
	2201 Buena VISTA, SAN ANTONIO, 7	X. 73207		
	7 Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended	
Date	Payee name US FOST OFFICE Payee address; City; State; Zip Code		Amount (\$)	
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	Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended	- -
Date 4/2/01	Payee name AUAA ONEGA ACTS Payee address; City; State; Zip Code		242.44	
1/ /1	P.o. Box 94 Colling, Tx - 78101 Purpose of expenditure (See instructions regarding type of information requ	signed \	Reimbursement	
	STREET SIGNS		from political contributions intended	
Date	Payee name Tal M Payee address; City; State; Zip Code		Amount (\$)	
4/3/01	1316 AUSTUBT. SAN ANTONIO, TX.	78208	91.69	
	Purpose of expenditure (See instructions regarding type of information requestions and the second se	uired.)	Reimbursement from political contributions intended	
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	Payee address; City; State; Zip Code	<u></u>	: ~	
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Austin, Texas 78711-2070 (512) 463-5800 P.O. Box 12070 1-800-325-8506 NON-POLITICAL EXPENDITURES SCHEDULE I MADE FROM POLITICAL CONTRIBUTIONS, 14: 41 1 Total pages Schedule I: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Date 5 Payee name **Amount** (\$) 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.) Payee name **Amount** (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Date Payee name **Amount** (\$) City: State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Date Payee name **Amount** City; State; Zip Code Pavee address: Purpose of expenditure (See instructions regarding type of information required.) Date / Payee name Amount (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070 Austin, Texas 78711-2070 (512)463-5800 Texas Ethics Commission 1-800-325-8506 CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR **DESIGNATION OF FINAL REPORT** The instruction Guide explains how to complete this form. -- Complete only if "Report Type" on page 1 is marked "Final Report" --1 C/OH NAME 2 ACCOUNT #(Ethics Commission filers) 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are a candidate **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate 5 OFFICEHOLDER Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

Signature of Officeholder